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WIC

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**collaboration
for better
health**

Special Supplemental Nutrition Program for Women, Infants, and Children

Collaboration for Better Health

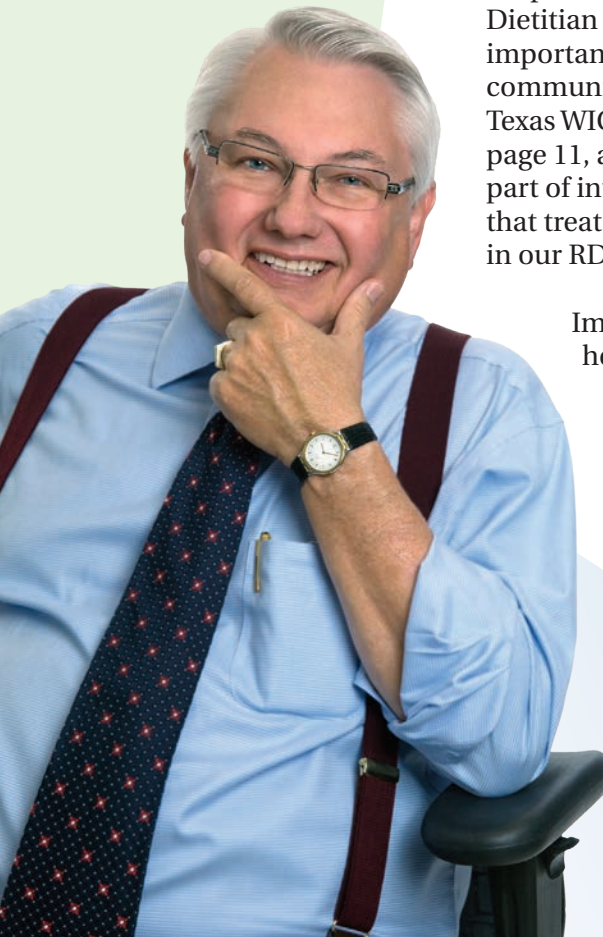
The word collaboration has its roots in 2 Latin words that tell us everything we need to know about this issue: "with" (col-) and "work" (-labore). Our dynamic Texas WIC staff is just part of a constellation of health care providers and community partners who work with one another to improve the health of Texas families.

March is National Nutrition Month, which celebrates the teamwork necessary to keep communities healthy through nutritious diets and ample physical activity. Since healthy nutrition habits start at home, read what Texas WIC staff can do with family, friends and clients to get everyone's "plates in shape." March 14th is also Registered Dietitian Day, and we celebrate the important services that RD's provide our communities and clinics. Read about 3 Texas WIC staff and clients every day on page 11, and take a look at how RD's are part of interdisciplinary "feeding teams" that treat behavioral feeding problems in our RD's Corner (page 16).

Improving a Texas WIC family's health can't happen in a vacu-

um. A team of dedicated health professionals and community partners support healthy behavior change through the life cycle of our WIC clients. Find out some ways to reach out to local community partners to help keep WIC moms breastfeeding in our Breastfeeding Chronicles on page 18. See how some Local Agency staff collaborate with their clients to improve their diets using the Obesity Prevention Mini Grant program on pages 6-7, and learn more about the Medicaid benefit called "Case Management for Children and Pregnant Women" (page 8) and community programs in your area that improve children's mental health (page 14).

In this issue, we focus on all the moving parts of a community-based system dedicated to good health — including our WIC clients — who are the MVP's of any health and wellness team. To achieve healthy Texas communities, it takes deliberate communication, planning, and a cooperative spirit. I'm inspired by our Texas WIC staff who work hard both in and outside the walls of our clinics to bring Texas families closer to health and wellness, every day.



From the Texas WIC Director
— Mike Montgomery



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March is National Nutrition Month:

Get your plate in shape!

by Kaylene Thompson, R.D.
Nutrition Education Consultant



Grab your lunch and check it twice, it's time to celebrate National Nutrition Month! National Nutrition Month, an annual campaign created by the Academy of Nutrition and Dietetics (AND), emphasizes the importance of making informed food choices and developing sound eating and physical activity habits. The theme for 2012 is Get Your Plate

in Shape. There's no better time than now to improve your health and wellbeing.

Get Your Plate in Shape

Getting your plate in shape can help you reach a healthy weight, improve your digestive system, build strong bones and muscles, all while lowering your risk of heart disease, diabetes, and certain cancers. How can you get your plate in shape? Follow these five easy steps:

1. Make half your plate fruits and vegetables. Fruits and vegetables are full of vitamins, minerals and fiber, which help to keep your body in balance. Aim to include a variety of colors every day. Choose steamed, fresh and frozen vegetables often. Get creative and find new ways to serve old favorites. Use this guide to select a few of your favorite 'stars' at your next meal:

- **Glamorous Greens:** Lettuces, broccoli, leafy greens, Brussels sprouts, green beans, cucumbers, zucchini, avocados, peas, okra, celery, artichokes, green peppers, green tomatoes, asparagus, green grapes, kiwi, limes, green apples, honeydew melons.

- **Ravishing Reds:** Tomatoes, strawberries, raspberries, beets, red potatoes, rhubarb, red peppers, cherries, pomegranate, watermelon, red apples, red grapes, red grapefruit, radishes, cranberries.
- **Yummy Yellows and Oranges:** Squash, bananas, peaches, nectarines, corn, lemons, cantaloupe, potatoes, carrots, mangoes, pineapples, tangerines, persimmons, rutabagas, yellow peppers, oranges, papayas, pumpkin, yellow apples, apricots, yellow tomatoes.
- **Brilliant Browns and Whites:** Ginger, mushrooms, onions, parsnips, potatoes, turnips, kohlrabi, jicama, garlic, cauliflower, brown pears, dates, white corn, white peaches.
- **Pleasant Purples:** Eggplant, plums, purple grapes, raisins, blueberries, purple potatoes, blackberries, purple asparagus, purple carrots, red/purple onions.

2. Add a side of grains. Fill a quarter of your plate with grains, choosing whole grains most often. Whole grains are healthier than refined grains because they contain more nutrients and fiber.

- Look at the ingredient list. Choose foods that have a whole grain listed as the very first ingredient.
- Oatmeal, quinoa, bulgur, millet, buckwheat, wild rice, rolled oats, whole-grain barley, whole rye, whole wheat, whole-grain corn and brown rice are examples of whole grains.
- Just because a food is brown doesn't mean it is whole grain. Brown coloring can be added during the manufacturing process or can result from baking techniques. The only sure way to know if you are eating a whole grain is to check the ingredient list.
- Get creative! Try brown rice or whole-

wheat pasta in place of white rice or refined pasta. Use corn tortillas instead of white flour tortillas; try eating whole-grain crackers, cereal or popcorn as a healthy snack.

3. Go lean with protein. Fill the last quarter of your plate with a protein-rich food. Most of us tend to overdo our portion sizes, causing us to eat far more than we really need. A portion size of meat is three ounces, or about the size of a deck of cards. Aim to include plant-based protein and fish regularly.

- Enjoy more meatless meals. Try plant-based protein foods such as beans and peas, tofu, veggie burgers, nuts and seeds. They are low in fat and high in fiber, making them a great alternative to meat.
- Eat seafood in place of meat twice per week. Fish is excellent source of protein with beneficial oils.
- When preparing meats, choose lean or low-fat options like 90% lean ground beef, sirloin, turkey or chicken.
- Reduce saturated fats and calories. Trim or drain visible fat from meat and remove skin before eating. Bake, broil or grill instead of frying.

4. Wash it down wisely. Now that you've worked hard to make a healthy plate, don't forget that what you drink matters. Add a glass of fat-free or low-fat milk or fortified soymilk to your meal. Stay hydrated with water throughout the day. Soft drinks, sweetened coffee beverages, energy drinks and other sweetened drinks can add a lot of extra unwanted calories.

5. Get Moving! Engaging in regular physical activity can help you have more energy, feel better about yourself, build lean body mass, and strengthen your muscles, bones and heart. You don't need to go to a gym to be fit and exercise doesn't have to be done all at once. Activities done in your normal environment throughout the day add up. Here are a few healthy strategies you can practice every day:

- Take the stairs instead of the elevator.
- Park at the back of a parking lot and take a long walk to the entrance.

- Go for a brisk walk, run or swim during your lunch break at work.
- Find time to play at the park with your family and pets. Bring Frisbees, balls, or jump ropes to have even more fun.
- Spend time outside doing yard work or gardening.
- Let loose and dance to your favorite tunes.

For more information on National Nutrition Month, visit the Academy of Nutrition and Dietetics' webpage at <http://www.eatright.org/nnm/>.

Recognize Your RDs

Mark your calendar, Registered Dietitian Day is March 14, 2012. Take a moment to recognize the registered dietitians (RDs) and dietetic technicians, registered (DTRs) you work with. RDs and DTRs have a commitment to helping people reach their nutrition and wellness goals. They have undergone specialized training and credentialing that makes them true "food and nutrition experts".

Ways you can acknowledge your RDs and DTRs:

- Spotlight RDs and DTRs with photos and biographies in the waiting room.
- Provide an expression of appreciation with a card, banner, handmade gift or treat.
- Request an announcement in local newspaper or news station.
- Market your RDs' and DTRs' services to the community and highlight their accomplishments.

Think about ways you can celebrate National Nutrition Month and Registered Dietitian Day at your workplace. Submit your stories and photos to Kaylene Thompson at Kaylene.Thompson@dshs.state.tx.us.

**Note: National Nutrition Month is a registered trademark of AND. Permission received for use of National Nutrition Month graphic and theme.*

References:

Produce for Better Health Foundation. <http://www.fruitsandveggiesmorematters.org/>
USDA MyPlate. <http://www.choosemyplate.gov>
Academy of Nutrition and Dietetics National Nutrition Month 2012. <http://www.eatright.org/nnm/>

Obesity Prevention Mini Grant: Changing Behaviors, One Participant at a Time

by Angela Gil, R.D., L.D.
Nutrition Education Consultant



Rachel Dunn, RD LA 1

For the past six years the state agency has made funds available for WIC local agencies to develop and implement obesity prevention programs for WIC participants and staff. The Obesity Prevention Mini Grant program has reached hundreds of WIC families over the years and fostered positive behavior changes to improve the health of their families. Participating agencies' staff put in many hours to develop projects that focus on obesity prevention. Creating cooking demonstrations, establishing walking groups, and implementing community gardens are just a few of the ideas local WIC agencies came up with to help combat obesity and its negative impact on the health of the next generation.

For FY 2011, a total of \$472,537 was allocated to the 38 WIC local agencies that participated in the program. Many agencies worked together to make the best use of their funds by ordering cookbooks collectively to get a lower price. In addition, a few agencies took advantage of volunteer services such as 4H to help conduct their projects.

Since the rollout of the new WIC food package in the fall of 2009, many agencies chose to do cooking demonstrations, teaching WIC families how to cook and take advantage of the new foods. This article focuses on two agencies with successful cooking classes— LA 01 Austin, Travis County, whose grant was overseen by Yvonne Martinez, RD, LD, and LA 41 San Antonio Metro Health, whose grant was overseen by Maggie Saldana, RD, LD.

Local Agency 01

One of LA 01's three projects, "WOK with WIC," was a great success. The overall goal of the project was to help reduce obesity by teaching simple fruit and vegetable recipes with basic cooking skills that participants can duplicate at home. The cooking demonstration classes uti-

lized recipes from the cookbook "Let's Cook with Fruits and Vegetables." To encourage a client to repeat the recipe at home, an incentive item such as a food chopper or measuring cup were given to each client as well as the recipe book.

During 2011, LA 01 taught 297 families how to use fruits, vegetables and other WIC-approved foods in recipes at home. Examples of recipes cooked included tomato-spinach soup, pumpkin pudding, mango tomato salsa, Asian stir fry, and vegetable burritos. Post class evaluations revealed that 90 percent of participants were able to determine the appropriate daily recommendations for fruits and vegetables for adults and children, and 95 percent reported they would prepare the recipe at home. Clients also correctly reported the nutrients from the featured recipe. The children were fascinated with the smell and taste of the recipe. When clients were asked, "What did they learn in class today?" comments included,

- "The benefits of eating vegetables and how many servings we should eat every day."
- "I learned that I need to cook with more vegetables."
- "How to cook vegetables in different ways."

Noting that no two classes were alike because of the audience participation Martinez said, "The kids really enjoy tasting the recipe and it always surprises the moms who claim 'my child dislikes vegetables' or 'my child won't try new vegetables.'" They are currently teaching the cooking demonstrations at four sites and have classes about one to two times a month. Martinez said that scheduling the cooking demonstrations at the end of the month to capture the missed appointments worked to their advantage. Some classes are bilingual and they take about an hour to teach. The child/general category is used as the class category. Preparation before and after each cooking demonstration included extra time for set up



Dahlia Gomez, Nutritionist, LA 41



Maggie Saldana, RD, LA 41

and clean up and locating adequate storage space for the equipment. This project was a great way to incorporate WIC foods to show families how to cook meals at home and make the most of their food package.

Local Agency 41

“Sabroso! Cooking Healthy with WIC Foods” was the title of LA 41’s project. The overall goal of the project was to educate participants on the benefits of whole grains while consuming WIC-approved foods. This cooking demonstration class focused on whole wheat tortillas. The food item that was prepared was whole wheat nachos. The WIC foods used to prepare the nachos were whole wheat tortillas, black beans, cheese, lettuce and tomatoes, all of which are WIC-approved foods. Fourteen classes in total were taught at seven different clinic locations throughout San Antonio reaching a total of 134 families. The class began with a facilitated discussion about whole grain WIC products, with the focus on whole wheat tortillas. The benefits of whole grains, recommended portion sizes, and the difference between processed and whole foods were discussed, as well as a brief discussion on reading food labels. Participants received a handout containing plate size portion information, as well as a handout with tips on choosing healthy options and tips on healthy cooking. After participants sampled the nachos and completed the post survey, they received a recyclable grocery shopping bag with incentives such as a cutting board, measuring spoons and a Sesame Street Children’s cookbook.

Of the 134 families surveyed, 53 percent had previously purchased whole wheat tortillas. After the class, 90 percent were willing to purchase whole wheat tortillas. Prior to the class, 37 percent of the participants knew which portion of the plate should be grains. After the class, 72 percent knew which portion should be grains. In reference to distinguishing between

whole foods and processed foods, 62 percent were able to distinguish between whole and processed foods prior to the class. After the class, 75 percent were able to distinguish between the foods.

Saldana said that the recipe was easy to prepare and got positive feedback from clients on how tasty the whole wheat tortillas were when they were a little toasty. A majority of clients that had not tried the black beans were impressed about how there was not much difference between the taste of the black beans and pinto beans. Comments she received on the surveys included,

- *“This has been the best class I’ve had here. Loved the hands on interaction.”*
- *“I learned you can use things that the WIC gives you to make something healthy.”*
- *“I enjoyed learning other healthy options and now I like black beans!”*

Saldana said that one challenge in maintaining the project was transporting the food and materials to each clinic. Also, a little extra time was needed to prepare the ingredients ahead of time. What worked well for the project was that participants only had to commit to one class instead of a series of classes. Classes were taught during a regularly scheduled general class.

Even though these projects took extra preparation time, it is clear that the benefits were great and staff was motivated to teach them. Many local agencies are doing similar projects and truly enjoy what they do. To learn more about the other projects and to learn how your agency can participate next year, log on to the Texas WIC web site and visit the Obesity Prevention Mini Grant page at <http://www.dshs.state.tx.us/wichd/nut/obesity.shtm>.

Case Management for Children and Pregnant Women — A Medicaid Benefit

by Emily Parks, L.M.S.W.

Manager, Case Management for Children and Pregnant Women

Families of children with health conditions or health risks and women with high-risk pregnancies have multiple health-related needs. For clients and families with minimal resources, accessing such needs is challenging and in some cases overwhelming. Without access to services, client health outcomes could be compromised.

As a benefit of Medicaid, the Case Management for Children and Pregnant Women service is crucial. Providing case management services for clients and families helps ensure they find and get services they may have difficulty finding on their own. In many ways case managers provide assistance and support, by helping alleviate barriers to accessing health-care services and enabling clients to move through the continuum of health care.

Case managers wear many hats. They are coordinators, facilitators, mentors, and advocates. Their work includes teaching clients and families how to navigate health-care, social service, and educational systems, in order to find and get the services they need.

Who is Eligible to Receive Case Management for Children and Pregnant Women?

To be eligible for case management services, the client must:

- ❖ Be Medicaid eligible.
- ❖ Be a child from birth through age 20 with a health condition or health risk, or a woman of any age with a high-risk pregnancy.
- ❖ Need help accessing services related to his or her health condition or health risk or high-risk pregnancy; and
- ❖ Desires case management services.

For most referrals, the clients are already receiving Medicaid, but a client does not have to be enrolled at the time of intake. Case managers may assist the client with enrollment in some situations.



While some clients may have a medical diagnosis, a diagnosed condition is not required for a case management referral. For instance, a pre-teen who is exhibiting behavioral problems atypical of same-age peers may not have had a mental health assessment or diagnosis. Some health risks don't involve a medical diagnosis. Such would be the case for a pregnant woman experiencing domestic abuse, which puts both her and her baby at risk.

The need for accessing services must have an impact on the client's health status as related to a health risk or condition or a high-risk pregnancy. For instance, such a need exists if a client must travel distances to receive medical care and cannot afford transportation. Another applicable case is when a client has been prescribed medical equipment or supplies, but has not been able to get them. What if a client

needs special accommodations at school due to a disability, but does not know how to work out arrangements? This would also qualify as a need for services that affects the client's condition.

What Will a Case Manager Do?

Establishing a service plan with the family is a primary function of case management. Since the service plan is based on the family's needs, no two plans are exactly alike. Different conditions and needs call for different solutions.

As one case manager describes, "With each family we're looking at the whole picture, not just at the pregnant woman or the child with the health condition sitting in front of us. We're looking at all of the issues which may affect the child or the pregnant woman, including the home and family environment. So it's a whole array of issues that affect families who don't know where to find services and don't know how to get the resources that are out there."

Some activities a case manager may provide are coordinating services related to medical and dental care, durable medical equipment and supplies, transportation for health-care visits, accessing multiple service providers, Medicaid managed health care plans, educational or school services, providing appropriate referrals to community resources to other Medicaid benefits, or to mental or behavioral health services. A case manager may also assist with getting appointments that are convenient for work, school, or transportation schedules of the family.

Advocacy

A case manager will also attend meetings with a client and parent or guardian. Among the most common are Admission, Review, and Dismissal (ARD) Meetings for preschool children with disabilities and special education students. Case managers may attend meetings of local Community Resource Coordination Groups (CRCGs) to help develop individual service plans for clients with complex needs who need multiple agency services.

One case manager told this story:

"...For example, recently I worked with a family who has a 6-year-old with cerebral palsy and other health conditions. The child is non-ambulatory and he had outgrown his

wheelchair. The mother didn't know how to get a new chair ordered. With her consent, I contacted the child's physical therapist at the school who also agreed the child needed a new wheelchair. The physical therapist and I worked together and we contacted the medical supply company that the mother had used before. They got the necessary paperwork from the child's doctor, and the physical therapist did a seating evaluation and now the child has a new wheelchair. His mother was also not aware that Medicaid would cover his diapers, so I also requested that the medical supply company contact his doctor about a prescription. Now he gets diapers through Medicaid. As case managers, we work to coordinate services and be an advocate if needed. His mother brought up during the assessment that his speech therapy hours were recently reduced at school. I explained to her that she can ask for a school meeting, and that I would attend it with her as an advocate. We have a meeting with the school next week. Those are just some of the things that I did with this family. But every family is different, so we look at what each family individually needs."

To make a referral, call 1-877-THSTEPS or download a referral form at www.dshs.state.tx.us/caseman.

Who Can Provide Case Management for Children and Pregnant Women?

Case Management for Children and Pregnant Women is provided by regional Department of State Health Services Case Managers and private case managers. Case management services are available to any eligible person throughout the state of Texas.

Licensed social workers and RNs can serve as individual case managers. Interested social workers and nurses must meet all eligibility requirements. Physician offices, schools, health departments, counseling agencies, health clinics, and other types of agencies that employ licensed social workers or RNs can provide case management services.

If you are a licensed social worker or RN and are interested in becoming a case manager, call 512-776-2168. Bilingual case managers are needed.

Celebrating Our Local Agency RDs

by Casey Wilburn, B.S., I.B.C.L.C., R.L.C.
Clinic Nutrition Specialist

Texas WIC is very fortunate to have a team of dedicated high risk RDs. Below are three such dietitians.

Yvonne Martinez, R.D., L.D.

WIC Registered Dietitian Yvonne Martinez is recognized for her outstanding initiatives at LA 01 in Austin/Travis County. Hired as a WIC nutritionist, Yvonne was accepted for and completed the WIC dietetic internship in 2006. She became the nutrition education coordinator in 2007.

Yvonne was a founding member of the Pediatric and Neonatal Dietitians of Austin (PANDA), RDs collaborating to create innovative ideas and enhance communications among NICU nurses, physicians and RDs.

In addition, Yvonne oversees the Obesity Prevention Mini Grant project, which includes a walking program, gardening and cooking demonstrations. She is one of the Healthy Connections City of Austin Wellness Program coordinators for the Health & Human Services Department, where she serves as Yoga Captain and helps encourage healthy lifestyles in the workplace. She is also the WIC Wellness Works Coordinator for the local agency. For more information contact Yvonne at 512-972-6847 or Yvonne.Martinez@austintexas.gov.

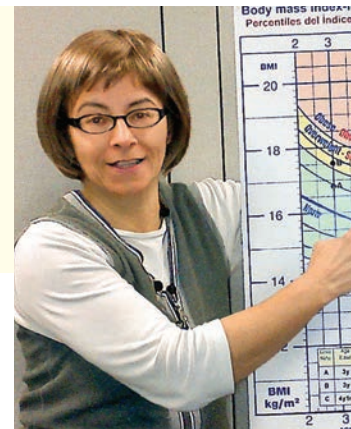
Denise Frye M.S., R.D.

Denise Frye is always up for challenges at the Longview Wellness Center (LA 108). As the high risk dietitian, Denise relates everything back to customer service while trying her best to accommodate each client to meet their needs.

Denise began her career in nutrition by earning a bachelor of science degree and masters in food science and technology, followed by an internship with USDA and a food labeling firm in Washington, DC. Upon completion of the internship she worked for Trinity Mother Frances Health System, which laid the ground work for her own consulting business and working for WIC as a dietitian.



Yvonne Martinez,
R.D., L.D.



Rosana Arruda,
M.S., R.D., L.D.



Denise Frye,
M.S., R.D.

Denise has been instrumental in the diabetic field and uses a diabetic teaching tool for women who have gestational diabetes. This tool is very useful in controlling calories for weight control in pregnancy/postpartum. If you are interested in this tool please contact Denise at 903-360-7862 or jetboatdd@suddenlink.net.

Rosana Arruda, M.S., R.D., L.D.

Rosana Arruda has always had a passion for disease prevention and promoting healthy lifestyles. As the community dietitian and obesity prevention project coordinator at LA 26, she found the support needed to develop and implement innovative nutrition education and intervention projects.

Initially, LA 26 implemented a series of cooking demonstrations, grocery store tours and obesity prevention workshops targeting a few WIC sites. The experience of working on these projects helped in the development and implementation of "Catch 5 for a Healthy Weight," an evidence based project. Catch 5 collaborated with other pediatric providers to increase parental awareness of a child's overweight status and to assist parents in making lifestyle changes.

Participation in the Obesity Prevention Mini Grant is a great way for RDs to develop and strengthen skills in planning, implementation and evaluation of community nutrition intervention projects/programs. Rosana also encourages working with a dietetic intern as a great asset for any project planning, implementation and evaluation phases. Interns can contribute by gathering resources, developing handouts and collecting relevant data for projects. For more information about the Catch 5 for Healthy Weight, contact Rosana Arruda at 832-393-4456 or Rosana.Arruda@houstontx.gov.

Are you managing your time or is your time managing you?

Never let yesterday use up today. -RICHARD H. NELSON

Have you ever worked a long hard day and still felt like you didn't get everything done? Or do you wish for a couple more hours in the day? The secret to managing your time well isn't working harder, it's working smarter. It is about prioritizing the important things and learning to use the time you have more efficiently and effectively.

Some organize and get tasks out of the way before relaxing, while others play first and work later. Maybe you are very organized at work and complete all your daily tasks, but burned out because you don't have time for yourself. Or maybe you are the type of person who knows how to relax and doesn't stress over your to-do list, but you are dissatisfied because you aren't accomplishing your goals and dreams. Whatever the case, we all can agree that time is a unique resource that we need in order to work, accomplish goals, spend time with loved ones, and enjoy everything that life has to offer.



The first step to becoming a smart time manager is realizing that it is an area of your life that you can strengthen. Perhaps you would like to accomplish more in less time or maybe you feel overwhelmed and need time strategies to do less and enjoy more. Regardless, time management skills can help you feel focused and in control of your time and life. The important point is that time management is not necessarily about getting lots of stuff done but working on the right things, the things that truly need to be done.

(continued on WIC Wellness Works - Insert D)

Dining In with Local Agency 41

More and more people are choosing “to dine in” instead of “dine out.” Dining in is definitely a healthier option than eating fast food or at a restaurant. Restaurant meals are typically higher in calories, fat, and sodium than the same meal prepared at home. At home, you have control over the type of ingredients, the amount used, and the amount of food served. Dining in is also less expensive. But, planning healthy meals that are both fast and easy to fix can be difficult to do and often a daunting task. For Local Agency 41 (City of San Antonio WIC Program), WIC Wellness Works “Dining In” packet helped make meal preparation a quick and easy routine.

Each clinic in Project 41 prepared dishes for an upcoming staff meeting utilizing the recipes in the “Dining In” packet, as well as from the Cooking Light recipe book they received from the WIC Wellness Works Program. A total of ten dishes were prepared with over one hundred employees tasting the dishes.

Maggie Saldana, the wellness coordinator, said, “It was a fun way for their staff to sample delicious, healthy recipes.”

The dishes included a variety of salads such as lemony chickpea salad; white balsamic dill pasta salad; and spinach, tomato, and fresh mozzarella pasta salad. LA 41 received positive feedback from their staff on the great taste and simplicity of the recipes.

“These recipes are delicious and I would recommend them to anyone,” Olivia Carrillo said.

Jennifer Saldana who helped prepare the white balsamic dill pasta salad commented, “These recipes are simple to prepare with a few ingredients but all are very tasty.”

The meeting was more than just taste testing and socializing, it was an opportunity for a wide variety of people to get together to share valuable healthy habits and take a step toward healthier living.

Local Agency 41 encourages WIC staff to lead by example for a healthy life through staff meetings by incorporating food demonstrations, cook-off competitions, even physical activities. For example, at one of their meetings every staff member exercised to a physical activity video as a group. They emphasized the importance of physical activity and how people

can exercise at any age. Staff members represented different age groups and demonstrated different exercise techniques then led the group in a physical activity. Maggie Saldana, with help from Dora Trevino, encouraged wellness and the positive impact it has not only for individuals but for the WIC world as well.

Thank you, LA 41, for creating a healthy environment at work and for encouraging WIC staff to live a healthier life through wellness.

LA 41 staff serving a variety of healthy dishes.



Cooking Light Recipes

Smoky Black Bean Soup with Avocado-Lime Salsa

(Prep: 3 minutes; Cook: 15 minutes)

1 (15-ounce) can black beans, rinsed and drained
1 cup water
1 (14.5-ounce) can fire-roasted diced tomatoes, undrained
½ cup chipotle salsa
1 teaspoon ground cumin
Avocado-Lime Salsa (recipe below)
Reduced-fat sour cream (optional)

Place beans in a medium saucepan. Mash beans slightly with a potato masher or fork. Stir in water and next 3 ingredients. Cover and bring to a boil over high heat; reduce heat, and simmer 8 minutes. Uncover, and cook 2 minutes or until soup is slightly thickened. Serve soup and top with Avocado-Lime Salsa, and, if desired, sour cream. Yield: 4 servings (serving size: 1 cup soup and 1/4 cup salsa).

Calories 172; Fat 5.7g (sat 0.9g, mono 3.4g, poly 0.8g); Protein 7.4g; Carb 29.7g; Fiber 11g; Chol 0mg; Iron 3.1mg; Sodium 572mg; Calc 60mg

Avocado-Lime Salsa (Prep: 5 minutes)

1 cup diced peeled avocado
1 lime
2 tablespoons finely chopped fresh cilantro
½ teaspoon salt

Place avocado in a small bowl. Grate rind from lime and squeeze juice to measure ½ teaspoon and 1 tablespoon, respectively; add to avocado. Add cilantro and salt. Toss gently. Yield: 1 cup serving (serving size: ¼ cup).

Calories 55; Fat 5.2g (sat 0.8g, mono 3.2g, poly 0.7g); Protein 0.7g; Carb 2.9g; Fiber 1.7g; Chol 0mg; Iron 0.4mg; Sodium 76mg; Calc 5mg

Lemony Chickpea Salad

(Prep: 2 minutes; Cook: 2 minutes)

1 tablespoon chopped fresh parsley
1 tablespoon fresh lemon juice
1 tablespoon extra-virgin olive oil
⅛ teaspoon crushed red pepper
1 small garlic clove, minced
1 (15-ounce) can chickpeas (garbanzo beans), rinsed and drained

Combine first five ingredients in a medium bowl. Stir in chickpeas. Serve at room temperature. Yield: 4 servings (serving size: about ½ cup).

Calories 117; Fat 4.2g (sat 0.6g, mono 2.7g, poly 0.7g); Protein 3.6g; Carb 16.7g; Fiber 3.2g; Chol 0mg; Iron 1.1mg; Sodium 128mg; Calc 26mg



Managing Your Time

(continued from WIC Wellness Works - Insert A)

Procrastination can be our worst enemy. We tend to procrastinate when a task seems too complex or overwhelming and end up trying to accomplish everything at the last minute. Waiting until the last minute doesn't necessarily mean it only takes a minute to finish. Instead of trying to tackle the entire project or task all at once, break the task into small action steps and focus on one step at a time. This will help turn the complex, overwhelming task into a realistic and

manageable goal. It is also very easy to become distracted. The key to distraction is concentration and the goal is to concentrate on one task at a time. The time of the day you work best, for example, if you're a "morning person," should be the time when you work on your most important task. Controlling distractions will greatly benefit time management and your personal productivity will increase if you focus on one important task at a time.

Keep your focus on getting organized as you practice and strengthen your new time management skills. This will allow you to live the life you choose. Instead of being a chore, good time management skills can allow you to have more fun, and live a more satisfying and exciting life.



Try some of these Time Tips to help you become a good time manager. You'll not only accomplish more in less time, but you'll feel more organized, relaxed and in control of your life.

Time Tips

- Create realistic to-do lists and use only one list.
- Prioritize what is most important and do that first.
- Allocate time for planning and organizing.
- Add in time for delays and obstacles.
- Set deadlines for yourself whenever possible.
- Concentrate on one thing at a time.
- Determine what time of day you work best and plan to do your most important work at that time.
- Remind yourself that there is always enough time for the important things.
- Examine your old habits and search for ways to change.
- Examine and revise your goals on a monthly basis.
- Put up reminders in your home or office about your goals.
- If you say yes to everything that comes your way, learn to say no.
- Plan your day each morning or the night before.
- Ask for help and delegate.
- Acknowledge yourself daily for all that you have accomplished.

Shellie Shores receives the 2011 TALWD Customer Service Award

by Renee Mims, Contributing Editor



Shellie Shores, client engagement specialist, was awarded the 2011 TALWD Award for excellence in the workplace by the Texas Association of Local WIC Directors. Shores was recognized for her leadership and service to the Texas WIC local agencies.

The award is conferred annually to a staff person in the DSHS nutrition section who demonstrates pride and excellence in WIC. Shores has served WIC for more than 21 years.

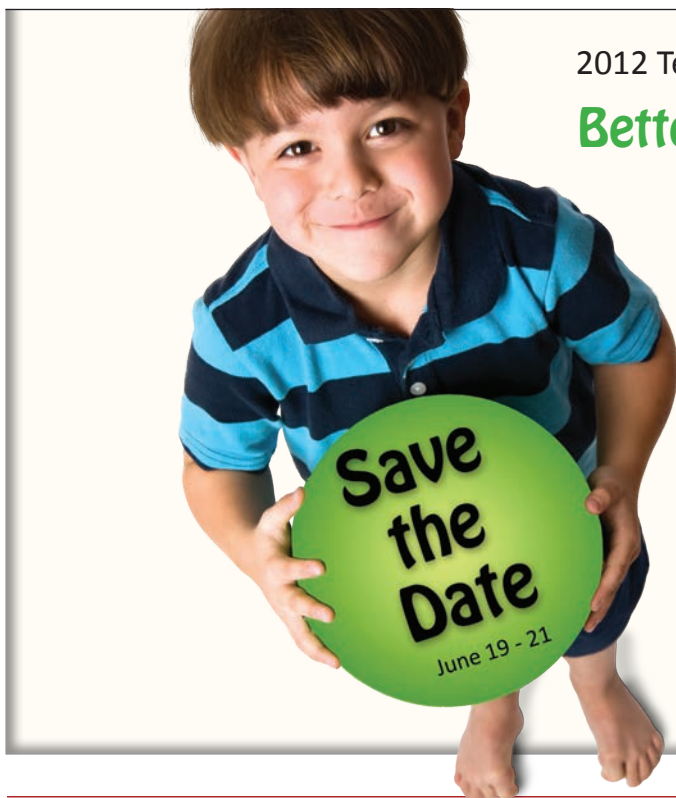
"Shellie is an incredible asset to the WIC program and we are very proud of her being selected to receive the TALWD Customer Service Award, Shirley Ellis, nutrition education branch manager said. "It is very well deserved."

She began her career with WIC as a clinic supervisor at Local Agency 01 in Austin. After 7 years, she became a nutrition education consultant at DSHS, and a year ago moved into a newly created position as a client engagement specialist. Her new job duties include developing strategies for using internet and mobile technologies to better connect with WIC clients and staff. She is working with an Austin Community College class, Project Design and Analysis, and the contracted IT group Catapult Systems to develop a new smart phone application.

"Having worked in a clinic, I know how important it is to get the agencies answers as quickly as I can," she said. "Being recognized with this award is something I really value."

Shores, who is retiring at the end of February, plans to spend time with her partner Rose, gardening, bird watching, and traveling. She also wants to explore carpentry and work on home projects.

(Staff News continues on page 12)



2012 Texas WIC Nutrition & Breastfeeding Conference

Better Health Through Collaboration

The conference will be held at the Renaissance Hotel in Austin, Texas, June 19 – June 21. The NBF conference will showcase topics and speakers that support "better health through collaboration." Proposed topics include, Food Stress/Food Allergies, Diet and Fitness, Mother Friendly Worksites, Power of Influence, Healthy Texas Babies, Father Involvement, Peer Counselor Management and Best Practices, TXIN and Quick WIN.

Choose from four pre-conference workshops including Peer Counselor Train the Trainer, Quality Management Monitoring Techniques, Breastfeeding Competency Skills Checklist and Nutrition Assessment of At-Risk Infants. Check registration for CEUs.

by Renee Mims
Contributing Editor

Mary Alice Winfree Influences 35 Years of WIC

Mary Alice Winfree remembers when WIC issued benefits to more than 17,000 clients using multi-colored IBM punch cards. That was back in 1976 when she was the ninth employee hired by the newly established Women, Infants and Children's program in Texas.

"There were nine cards for food benefits and they were cumbersome to use," she recalls. "Each one had to be recorded manually on a paper inventory...some families could have up to 54 cards."

Working for WIC for more than 35 years has included two familiar faces—Linda Brumble and Ray Krzesniak.

"I'm fortunate to consider Ray and Linda dear friends," she said. "We've had many fantastic experiences together and hopefully we'll be working together a few more years."

Today Winfree is the manager of the Food Issuance branch of vendor operations which oversees contracting, training, cost containment, and competitive pricing for grocers. She has witnessed many policy adjustments during her years at WIC, from implementing written policies in 1978; migrating from punch cards to Lone Star cards; from serving 17,000 clients to more than one million. One thing remains constant: change.

"It's an evolution...you can try something new to make things easier for the clients, local agencies, and grocers, but keeping in mind all the requirements and regulations," she said. "We are always trying to improve the processes for the local agency and grocers, but our most important goal is to improve the lives of our clients and their benefits."



Linda Brumble: 4 Decades of Dedication

It was 1968 and Billboard magazine's number one hit was "Hey Jude" by The Beatles. That's when Linda Brumble began her 40-year career with the state.

Unit manager of Nutrition Education and Clinic Services, Brumble currently oversees the services provided by the state agency to all the contractors and regions who serve WIC clients.

She began her career as an accounting clerk in the fiscal office and moved up the ranks into management. This year marks her 43rd year.

35 Years Strong: Ray Krzesniak Knows WIC

Ray Krzesniak has spent most of his 35-year state career working for or around the WIC Program with a couple of short stints in other areas including the Governor's Committee on Aging and the HHSC Texas Integrated Eligibility System (TIES). Throughout the years, he has seen it all.



He began as one of the department's five independent internal auditors hired to audit the WIC Program when the program was less than a year

old. He became an expert on the program's complex fiscal operations.

After serving as auditor, he was hired by the program to manage its food delivery section at the same time that Linda Brumble, now the unit manager of Nutrition Education and Clinic Services, was a vendor monitor.

"Linda and I have known each other for years," he laughed. "Linda started in the fiscal office where I had to retrieve records as an internal auditor and she was very stingy with her resources."

He left the agency for eight months with the Governor's Committee on Aging working in its fiscal division. He then applied for and obtained a Chief Accountant position in the TDH WIC Program serving as the manager of the local agency monitoring section. He worked in that area until he became the manager for the WIC Program's accounting section and was ultimately promoted to the division director of WIC contracts and financial management, later holding that same position for the Associateship.

He was assigned to the HHSC Texas Integrated Eligibility System (TIES) development project where he was the department's internal representative for coordination with TDH programs. Following the TIES assignment, he was placed as chief of staff for the associate commissioner of Family Health Services before becoming the director of the EBT planning division.

As a result of the 2004 reorganizational changes, he became the Unit Manager for the WIC Program's Food Issuance and Redemption Services and has been serving in that position since then.

(Linda Brumble continued)

She left once to have a baby and another time to remarry and move to Lubbock to finish her master's degree — so 40 is the net total of her years. In 1978, she began working for WIC as a fiscal monitor in the region office in Harlingen.

As she reviewed local agencies and then helped establish and manage the monitoring and training of grocery stores, she became a WIC expert. She moved back to Austin in 1980 and in 2004 was hired into her current position.

In 1997, she was instrumental in creating a distance learning system via satellite transmis-

sion in limited locations and in 2004 expanded this program.

"WIC got its own television studio for training," she said. "We now telecast daily to 180 locations around the state from the studio at Howard Lane in Austin."

"A lot has changed over the years, but I am still with the WIC program." She is visibly bubbly and enthusiastic about WIC, "I love what it does, who it serves, and how it operates. We do great work!"



Children's Mental Health:

Early Intervention Leads to Recovery

by Barbara Fountain, L.P.C., N.C.C.
Program Specialist
DSHS Mental Health & Substance Abuse

Why is children's mental health important? There are approximately two million children in the United States diagnosed with attention deficit hyperactivity disorder. At any one time as many as one out of every ten children or adolescents are affected with a serious emotional disturbance. Conduct disorder affects one to four percent of all 9 to 17 year olds; suicide is the third leading cause of death for 15 to 24 year olds (American Academy of Child & Adolescent Psychiatry, 2009). With the belief that children are our future, there must be a conscious effort made to ensure children and adolescents get the treatment they need to achieve lifelong success.

According to a Centers for Disease Control and Prevention (CDC) report, children who experience a chronic emotional, behavioral, or developmental (EBD) problem are more likely to experience diminished health and quality of life. In fact, "children with EBD were more likely to have health conditions that affect their daily activities; miss more than 11 days of school during the school year; have no insurance or inadequate insurance; have difficulty obtaining necessary referrals; and are more unlikely to have access to a physician to provide for their personal healthcare needs (CDC, 2005)."

Due in part to the stigma associated with mental illness, many individuals struggle with the idea of treating younger children with social-emotional disorders. By embracing a strengths-based perspective that encourages and promotes mental health and diminishes the stigma and negative stereotypes attached to receiving mental health services, we can overcome these barriers to early intervention. One step toward eliminating stigma is the recognition that mental health and physical health go hand-in-hand. Mental Health and Substance abuse envisions a total integration of physical health with mental health thus

treating the whole child. This in turn creates an environment whereby, seeing a psychiatrist will be as much of an accepted practice as seeing an orthopedist, cardiologist, or other health specialist. Every child, including those suffering from issues involving mental health, should have an equal opportunity at success. With appropriate treatment, children can acquire the skills necessary to succeed in multiple life domains including school, family, social functioning, and community involvement.

Why start early?

Here are the facts:

- Researchers indicate the first year of life has a higher incidence of maltreatment than any other year in the lifecycle.
- Seventy-seven percent of child maltreatment fatalities are children less than four years of age.
- Witnessing a threat to a caregiver is a significant predictor of development of post traumatic stress disorder in infants and toddlers.
- Early experiences and maltreatment may lead to later psychiatric disorders.
- Once an infant's safety needs are met they become more able to focus on learning and responding to the social and emotional needs of caregivers.
- There are inherent financial benefits to addressing the needs of our youngest population early (spending upstream on prevention is both less costly and more effective) rather than waiting until mental illness becomes entrenched.

In an effort to increase awareness of children's mental health needs DSHS collaborated with Coordinated School Health on the Education Service Centers (ESC) Project. The ESC Project is a broad partnership to improve the physical and behavioral health of children and their families. The ESC Project provides a blueprint for similar program coordination initiatives across the agency. The partnership includes DSHS divisions of Prevention and Preparedness, Family and Community Health Services, and Community Mental Health and Substance Abuse in collaboration with the Texas Education Agency to coordinate financial and technical assistance, support, and quality assurance to 14 of the 20 regional Education Service Centers. This supportive effort enables the ESC

to effectively promote a coordinated approach to improving physical and behavioral health in Texas schools. The ESC Project is a collaborative effort that advances an evidence-based, holistic approach to children's physical and behavioral health and assists the Education Service Centers in being successful in improving learning and academic achievement.

The children's mental health community in Texas has experienced a paradigm shift toward evidence base practices to improve outcomes for children and adolescents. While in the past we focused on treatment options to assist individuals in reaching a level of normalcy in their lives, we now recognize that the earlier we are able to identify and treat children with social-emotional disorders and mental illness, the better their chances for achieving mental health and recovery. With the provision of evidence-based services, the Mental Health and Substance Abuse division of Department of State Health Services is focused on improving mental health outcomes for Texas children by opening the door to hope, resilience and recovery for everyone.

Equipping children with the appropriate skills is instrumental for the development of resiliency and achievement of mental health recovery.

Resources

American Academy of Child & Adolescent Psychiatry. March, 2009. Child & adolescent Mental Illness and Drug Abuse Statistics. http://www.aacap.org/cs/root/resources_for_families/child_and_adolescent_mental_illness

CDC. 2005. Mental health in the United States: Health care and well-being of children with chronic emotional, behavioral, or developmental problems United States. MMWR, 54,39, 985-989. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5439a3.htm>

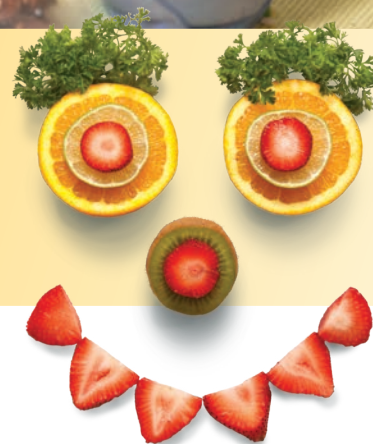
<http://www.nmha.org/go/information/get-info/children-s-mental-health/children-s-mental-health-statistics>

<http://nimh.nih.gov/statistics/index.shtml>

http://www.aacap.org/cs/root/resources_for_families/child_and_adolescent_mental_illness_statistics



Picky Eater or Feeding Disorder?



by Roxanne Robison, R.D., L.D.
CSHCN Nutrition Consultant

A “picky eater” is a toddler who whines about foods that are served, refuses vegetables or meats or is particular about how food is presented, e.g., the sandwich must be cut a certain way or the vegetable liquid cannot touch the mashed potatoes. Picky eating is part of being a toddler and doesn’t cause weight loss or interfere with development. A feeding disorder, on the other hand, is a formal diagnostic term described in the ICD-10 codes and the Diagnostic and Statistical Manual of Mental Disorders of

the American Psychiatric Association (DSM-IV). These are more serious and can interfere with development, lead to failure to thrive (FTT), anxiety, limit social interaction, cause deficits in cognitive development and lead to eating disorders later in life. Some feeding disorders are so severe that treatment is best handled by a feeding team which may include a pediatrician, occupational therapist, speech language pathologist, dietitian, psychologist, psychiatrist, social worker, nurse and possibly one or more

specialty physicians. This article will describe some origins of feeding disorders and the recent push to further classify these disorders.

Feeding disorders can originate from a structural abnormality or medical problem. This has historically been termed organic FTT. Structural problems may be present in the nasopharynx, larynx, trachea and esophagus. For example, cleft lip or palate may result in inefficient nipple. Laryngo or tracheomalacia, soft or weak tissue in these areas, can result in swallowing disorders with silent aspiration leading to food refusal.

Gastroesophageal reflux disease can result in refusal to feed and difficulty with advancing textures. When an infant stops feeding after a few ounces, refuses to continue and arches backward when presented with the breast or bottle, reflux should be suspected. Infants who tire easily with feeding may have a cardiorespiratory disorder.

Neurodevelopmental disabilities can disrupt the process of “learning to eat.” When children miss the window of opportunity for learning to eat, the result may be sensory food aversion. When sensory development is disrupted, as with infants who have been tube fed or suctioned in the oral area repeatedly, severe oral hypersensitivity in the oral area and feeding aversion may develop. Neurologically immature or compromised children may not have a coordinated suck-swallow-breathe pattern and may refuse to eat. Children with cerebral palsy, myelomeningocele, muscular dystrophy, or other neurologic disorders commonly develop feeding problems.

Behavioral feeding problems, historically referred to as nonorganic FTT, can be a primary issue, but most clinicians agree that there is organic and nonorganic components present with most feeding disorders. Clinicians have long disliked the term nonorganic FTT because it has a mother-blaming quality and it is a very broad term that is more descriptive of a symptom, not a diagnosis. Irene Chatoor, MD, an internationally known psychiatrist specializing in feeding disorders, has proposed six sub-classifications for feeding disorders in her book, *Diagnosis and Treatment of Feeding Disorders in Infants Toddlers and Young Children*, (2009).

These include:

- Feeding Disorder of Infant-Caregiver Reciprocity—Characterized by a disordered feeding relationship between the mother and infant.
- Infantile Anorexia—Whereby the infant or toddler lacks interest in food and has significant growth failure.
- Feeding Disorder of State Regulation—Which describes an infant who is unable to attain or maintain a calm, alert state necessary for feeding.
- Sensory Food Aversions—Characterized by severe reactions to certain foods, not following a traumatic event to the nasopharynx.
- Post Traumatic Feeding Disorder—In which the child refused solid foods following an episode of choking or gagging.
- Feeding Disorder with a Concurrent Medical Condition—Each classification has distinct features and treatment protocols.

Recently, there has been a push by researchers and clinicians to revise the ICD-10 codes and the DSM IV classifications currently used to identify feeding disorders. Criticism of the current classification system is that feeding disorders are too broadly defined and those without weight loss are not included. For instance, many children with autism who are selective eaters may only eat white foods. This would not be classified as a feeding disorder unless they also had weight loss, even though restrictive diets can lead to nutrient deficiencies. The problem is similar for children who are tube-fed and have difficulty transitioning from tube to oral feeds, but who are not underweight.

Without a common language among researchers and clinicians, it is difficult to establish the origin of the feeding disorder and provide guidance for treatment strategies. The DSM V is due out in March 2013. It will be interesting to see how feeding disorders will be classified.

Feeding teams are a specialty treatment and not all areas have these services available. Clinicians working in the field are mainly self-educated or attend conferences and lectures to learn what they can. Perhaps with better classifications, therapists can find common ground for treatment strategies.

Community Collaborations —

Continuing the Breastfeeding Relationship



by Cristina García, R.D., L.D.
Breastfeeding Promotion Nutritionist

The African proverb, “*It takes a village to raise a child,*” never meant much to me until I found out I was pregnant with my first child. From that day forward, I looked to family, friends, and my health care providers for support, advice, and reassurance that I was doing everything possible to have a happy, healthy baby.

My decision to breastfeed was supported by everyone around me. Each day I grew more confident as a mom — learning my baby’s cues and all the tricks to comfort him, including his hunger cues. When my son turned 1 year old I started getting questioned on my decision to continue breastfeeding. Slowly at first, and then the questions came with greater frequency.

“Are you STILL breastfeeding?”

“How long do you plan to do THAT?”

“Isn’t he already eating OTHER foods?”

“When do you think you’ll be DONE breastfeeding?”

“Isn’t he TOO OLD to be doing that?”

The surprising thing was that these questions came from the very people who supported my decision in the first place. My answer was always the same, “Yes, I am still breastfeeding and I plan to do so until he no longer wants to.”

I felt isolated and sought out other moms that were breastfeeding older infants or toddlers. The more I spoke with these moms, the more I found that they experienced the same scrutiny. But how could the one-year milestone cause

Cristina Garcia welcomed her second child, Eva, in December pictured here with her son, Noah.

such a dramatic change in the support that got me through the challenges I faced as a new mom who wanted to breastfeed? And, what help was available to other moms who were experiencing the same feeling of isolation? The answer was clear. We were seeking continued encouragement from those around us and we needed more community support.

How can WIC help?

The American Academy of Pediatrics, the American Congress of Obstetricians and Gynecologists, the World Health Organization, and the American Academy of Family Physicians and many major health organizations recommend that infants, with rare exceptions, be exclusively breastfed, receiving no other foods or fluids for the first six months of life. At 6 months, infants should continue to be breastfed with the addition of complementary foods for at least the first one to two years of life and beyond. WIC's role is to support our participants' decision to breastfeed and encourage the duration of breastfeeding for as long as mom and baby choose.

WIC staff can positively influence breastfeeding duration and success by reaching out to their local communities and building a network of breastfeeding supporters.

- Start internally by evaluating yourself. Think about how you ask participants about breastfeeding and reflect on how they might respond. Practice asking breastfeeding-sensitive questions with your co-workers during staff meetings (see activity box).
- Reach out to your local breastfeeding support groups like La Leche League and local hospital support groups. List their contact information and meeting location, date and time on your breastfeeding

referral lists. Market and promote their meetings or activities to encourage WIC participants to attend. When possible, attend those meetings or participate in their activities to show support to local breastfeeding affiliates.

- Provide an overview of your local WIC program to hospital staff and other health care providers to inform them about breastfeeding support available through WIC. Ask if you can be on their task force to improve hospital maternity care practices and discuss WIC resources you can share such as materials and trainings to help them reach their goals.
- Join or start a breastfeeding coalition in your community to strengthen the local breastfeeding support resources.

Everyone plays a key role in supporting a mother's decision to breastfeed, and that support can be instrumental in determining how long she decides to stick with that decision.

Be sure to equip the WIC mom with strategies to empower her to continue nursing for as long as she desires, and offer your local community resources to support that decision. Most importantly, take every opportunity to encourage her decision to provide the best possible nutrition and comfort to her child.

ACTIVITY: Help prepare moms for answering questions about breastfeeding their toddler or child by completing the following activity:

1. List examples of comments that WIC mothers often hear about breastfeeding an older infant or child from family, friends and people in the community.
2. What are some possible responses that a mother could say?
3. How can you reword some of the questions you routinely ask breastfeeding mothers who come into the WIC clinic?





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